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Or Fax

520.39904X00

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope Addressed to the Mail Stop ISSUE FEE address above, or being facsimile Transmitted to the USPTO (571) 273-2885, on the date indicated below.

ANTONELLI, TERRY STOUT & KRAUS, LLP
1300 NORTH SEVENTEENTH STREET
SUITE 1800
ARLINGTON, VA 22209-3873
11/09/2006 LWONDIH2 00000002 09811405

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 12.00 OP

Ricardo E. Perez (Depositor's name)
Ricardo Perez (Signature)
11/08/2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/811,405	03/20/2001	Yukari Katayama	520.39904X00	4099

TITLE OF INVENTION: OPTICAL DISK APPARATUS AND DATA RANDOMIZING METHOD USING FOR OPTICAL DISK APPARATUS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE (\$)	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	11/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DADA, BEEMNET W	2135	380-267000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT AND KRAUS, LLP. Or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI, LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order- # of Copies 4

4b. Payment of Fee (s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card- Form PTO-2039 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(d)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Paul J. Skwlerawski*
Typed or printed name **Paul J. Skwlerawski**

Date: **NOVEMBER 8, 2006**
Registration No. **32,173**

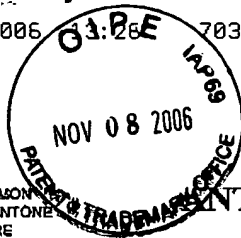
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) An application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete This form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**
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MELVIN KRAUS
WILLIAM I. SOLOMON
GREGORY E. MONTONE
RONALD J. SHORE
DONALD E. STOUT
ALAN E. SCHIAVELLI
PAUL J. SKWIERAWSKI*
ALFRED A. STADNICKI*

DONALD R. ANTONELLI (1925-2005)
*ADMITTED OTHER THAN VA

LAW OFFICES

ANTONELLI, TERRY, STOUT & KRAUS, LLP

SUITE 1800

1300 NORTH SEVENTEENTH STREET
ARLINGTON, VIRGINIA 22209

TELEPHONE (703) 312-6600
FACSIMILE (703) 312-6666
email@antonelli.com

OF COUNSEL
DAVID T. TERRY
JESSICA H. BUI*
LEONID O. THENOR*

PATENT AGENT
LARRY N. ANAGNOS

FACSIMILE TRANSMITTAL SHEET
NOVEMBER 8, 2006

TO: Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. **09/811,405**
For: **OPTICAL DISK APPARATUS AND DATA RANDOMIZING METHOD**
USING FOR OPTICAL DISK APPARATUS
Filing Date: 03/20/2001
Atty. Docket No. **520.39904X00**

From: Paul J. Skwierawski

Fax Number: (571) 273-2885

Total Number of Pages: **3**

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Credit Card Payment Form -- 1 Page

I hereby certify that on **NOVEMBER 8, 2006**, the above-identified documents are being facsimile transmitted to the United States Patent and Trademark Office.

Ricardo E. Perez

Name (Print)

Ricardo Perez
Signature